

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Michael Grant, #152447
 Staton Correctional Facility
 P.O. Box 56
 Elmore, AL 36025

06cv902 Show Cause 4

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

*Angela Thorne**11-6-02*

C. Signature

x Angela Thorne☐ Agent☐ AddresseeD. Is delivery address different from item 1? ☐ Yes☐ No

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7003 0500 0002 7929 4569